

County: Columbia
 DIVINE SAVIOR HEALTHCARE, INC.
 P.O. BOX 387

Facility ID: 2750

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PORTAGE 53901 Phone:(608) 745-5900
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? Yes
 Number of Beds Set Up and Staffed (12/31/02): 105
 Total Licensed Bed Capacity (12/31/02): 105
 Number of Residents on 12/31/02: 90

Ownership: Nonprofit Church/Corporation
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 92

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No						1 - 4 Years			41.1
Supp. Home Care-Personal Care	No						More Than 4 Years			38.9
Supp. Home Care-Household Services	No		Developmental Disabilities	0.0	Under 65	7.8				20.0
Day Services	No		Mental Illness (Org./Psy)	7.8	65 - 74	12.2				-----
Respite Care	No		Mental Illness (Other)	15.6	75 - 84	31.1				100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	37.8				*****
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	2.2	95 & Over	11.1				Full-Time Equivalent
Congregate Meals	No		Cancer	8.9		-----				Nursing Staff per 100 Residents
Home Delivered Meals	Yes		Fractures	13.3		100.0				(12/31/02)
Other Meals	No		Cardiovascular	12.2	65 & Over	92.2				-----
Transportation	No		Cerebrovascular	16.7		-----				RNs 7.8
Referral Service	No		Diabetes	5.6	Sex	%				LPNs 11.3
Other Services	No		Respiratory	13.3		-----				Nursing Assistants,
Provide Day Programming for			Other Medical Conditions	4.4	Male	32.2				Aides, & Orderlies 42.5
Mentally Ill	No			-----	Female	67.8				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			2	3.2	128	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.2
Skilled Care	12	100.0	256			60	96.8	110	0	0.0	0	15	93.8	159	0	0.0	0	0	0.0	0	87	96.7
Intermediate	---	---	---			0	0.0	0	0	0.0	0	1	6.3	159	0	0.0	0	0	0.0	0	1	1.1
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0				62	100.0		0	0.0		16	100.0		0	0.0		0	0.0		90	100.0

Admissions, Discharges, and Deaths During Reporting Period						Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02				

Percent Admissions from:						Activities of	%	% Needing Assistance of	% Totally	Total
						Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	7.5							57.8	40.0	90
Private Home/With Home Health	0.0					Bathing	2.2	36.7	56.7	90
Other Nursing Homes	1.1					Dressing	6.7	40.0	51.1	90
Acute Care Hospitals	89.8					Transferring	8.9	36.7	54.4	90
Psych. Hosp.-MR/DD Facilities	0.0					Toilet Use	8.9	58.9	17.8	90
Rehabilitation Hospitals	0.0					Eating	23.3			90
Other Locations	1.6					*****				
Total Number of Admissions	187					Continence		%	Special Treatments	%
Percent Discharges To:						Indwelling Or External Catheter		6.7	Receiving Respiratory Care	18.9
Private Home/No Home Health	45.5					Occ/Freq. Incontinent of Bladder		68.9	Receiving Tracheostomy Care	0.0
Private Home/With Home Health	0.0					Occ/Freq. Incontinent of Bowel		78.9	Receiving Suctioning	0.0
Other Nursing Homes	2.6								Receiving Ostomy Care	2.2
Acute Care Hospitals	14.1					Mobility			Receiving Tube Feeding	1.1
Psych. Hosp.-MR/DD Facilities	0.5					Physically Restrained		0.0	Receiving Mechanically Altered Diets	53.3
Rehabilitation Hospitals	0.0								Other Resident Characteristics	
Other Locations	11.0					Skin Care			Have Advance Directives	100.0
Deaths	26.2					With Pressure Sores		2.2	Medications	
Total Number of Discharges						With Rashes		12.2	Receiving Psychoactive Drugs	13.3
(Including Deaths)	191									

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	87.6	87.4	1.00	85.1	1.03
Current Residents from In-County	64.4	84.3	0.76	76.6	0.84
Admissions from In-County, Still Residing	10.7	15.2	0.70	20.3	0.53
Admissions/Average Daily Census	203.3	213.3	0.95	133.4	1.52
Discharges/Average Daily Census	207.6	214.2	0.97	135.3	1.53
Discharges To Private Residence/Average Daily Census	94.6	112.9	0.84	56.6	1.67
Residents Receiving Skilled Care	98.9	91.1	1.09	86.3	1.15
Residents Aged 65 and Older	92.2	91.8	1.00	87.7	1.05
Title 19 (Medicaid) Funded Residents	68.9	65.1	1.06	67.5	1.02
Private Pay Funded Residents	17.8	22.6	0.79	21.0	0.85
Developmentally Disabled Residents	0.0	1.5	0.00	7.1	0.00
Mentally Ill Residents	23.3	31.3	0.74	33.3	0.70
General Medical Service Residents	4.4	21.8	0.20	20.5	0.22
Impaired ADL (Mean)*	67.3	48.9	1.38	49.3	1.37
Psychological Problems	13.3	51.6	0.26	54.0	0.25
Nursing Care Required (Mean)*	11.3	7.4	1.52	7.2	1.56